

STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES
QUEST FOR EXCELLENCE



Soldiers and Sailors Memorial Arch

July 1st, 2007 through June 30th, 2008

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Introduction

Quest For Excellence 2008, reports the Department of Developmental Services' (DDS') progress in advancing our Mission on behalf of the over 15,000 individuals whom we support.

The Annual Report reviews the collaborative interdivisional activities of DDS including Quality Management Services, Waiver Policy and Management, Health and Clinical Services, Medicaid Operations, Investigations, Audit, and Staff Development and Educational Support. The report summarizes noteworthy activities and accomplishments during the Department's fiscal year 2008, July 1, 2007 through June 30, 2008, all of which reflect our ongoing focus on quality outcomes, and the safety and well being of our consumers in our continued Quest For Excellence.

The Mission of DDS is to join with others to create the conditions under which all people with mental retardation experience: presence and participation in Connecticut town life; opportunities to develop and exercise competence; opportunities to make choices in the pursuit of a personal future; good relationships with family members and friends; and, respect and dignity.

Beyond our Mission, DDS promotes critical quality of life principles and to further its Mission the department:

- respects the individual and values personal initiative;
- fosters partnerships among individuals, families and communities;
- promotes full employment, and access to quality health care and desirable housing;
- recognizes the importance of families and supports them;
- contributes to the social and economic future of them;
- contributes to the social and economic future of Connecticut and supports individuals served by DDS to do the same;
- creates a work culture where teamwork and collaboration prevail;
- supports the capacity of communities to include all their residents.

Quest For Excellence also addresses our department's person-centered focus, guided by the Center for Medicare and Medicaid Services (CMS) quality expectations, in concert with the DDS' Continuous Improvement Planning Process.

QUEST FOR EXCELLENCE

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WAIVER POLICY

INTRODUCTION

The Waiver Policy Unit was created in January 2006 to develop and monitor the Department's HCBS waivers, develop related policies, review requests made to the regions by individuals or their legal representatives for HCBS waiver services, make final determinations regarding those requests and inform individuals or their representatives of the right to appeal if their request is denied. In addition, this unit is responsible for ensuring that DDS is meeting all of the CMS requirements.

WAIVER POLICY UNIT FUNCTIONS

- Develop waiver applications (new, renewal, and amendment).
- Develop waiver service policy and procedures.
- Advise the regions if their decisions are in conflict with waiver requirements.
- Make final decisions regarding service requests denied by the regions.
- Advise individuals and their representatives of their right to a DSS hearing if denied services.
- Participate in DSS hearings, as required.
- Ensure compliance with CMS requirements for implementation of HCBS Waivers.
- Prepare and coordinate submission of waiver review evidentiary materials.
- Develop and define new waiver services options.

FY 2008 MEDICAID POLICY UNIT SIGNIFICANT ACCOMPLISHMENTS

- ❑ Completed work on the Comprehensive Waiver renewal application and the IFS Waiver Amendment. Worked with DSS to obtain approval from the Legislature to submit the waivers to CMS.
- ❑ From July 2007 to June 2008 the Waiver Policy Unit processed two service denials received from the regions.
- ❑ Continued work on the development and implementation of the web-based Level of Need (LON) application.
- ❑ Conducted introductory training for new staff on Waivers, Level of Need Assessment and the PRAT process.

FY 2009 PLANNED INITIATIVES

- ❑ Notify stakeholders of changes in the Comprehensive Waiver renewal and the IFS Waiver amendment and make new services, Live-in Companion and Health Services Coordinator available.
- ❑ Revise/edit the DDS Waiver Manual.

- ❑ Develop reporting templates for divisions to use when reporting on aggregated waiver compliance data for CMS reports.
- ❑ Issue initial budget allocation amounts for each LON composite score.
- ❑ Launch LON web based application by 7/1/08.

MEDICAID OPERATIONS

INTRODUCTION

The Medicaid Operations Unit combines Home and Community-Based Services Waiver eligibility and enrollment with Medicaid billing and rate setting, to oversee the Medicaid activities of the Department. The Department of Developmental Services (DDS) is able to gain Federal reimbursement for a majority of the services it provides by participation in the Medicaid program.

MEDICAID OPERATIONS UNIT FUNCTIONS

- Manage the revenue activities of DDS.
- Manage enrollment in the Home and Community-Based Services Waivers.
- Collaborate with other State agencies on reimbursement issues.
- Audit compliance with Medicaid regulations.
- Provide training and technical assistance to DDS Case Managers and regional staff in the implementation of DSS Medicaid Programs.

MEDICAID WAIVER ELIGIBILITY, ENROLLMENT AND COMPLIANCE UNIT FUNCTIONS:

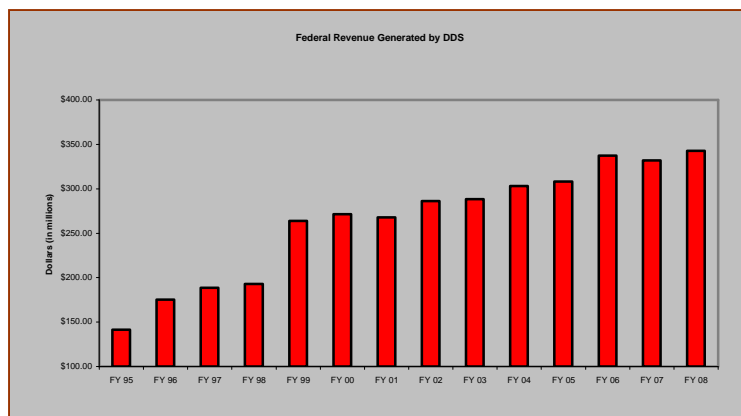
The Unit works with the DDS Regions and the Department of Social Services (DSS) to review eligibility and enroll individuals in one of the two Home and Community-Based Waivers operated by DDS. The unit contains a DSS Eligibility Specialist assigned to the unit to assist with Medicaid enrollment issues. Staff from the unit serve as a training resource for the DDS Regions. The Medicaid Operations Unit also conducts Spectrum Audits in each region on a quarterly basis to ensure compliance with Medicaid requirements.

MEDICAID BILLING AND RATE SETTING

Federal reimbursement is received for the Medicaid programs operated by the DDS. These programs are:

- ✓ Intermediate Care Facilities for the Mentally Retarded (ICF/MR) Program,
- ✓ Home and Community-Based Services Waivers,
- ✓ Targeted Case Management,
- ✓ Birth to Three Program.

During State Fiscal Year 2008, DDS received \$342.68 million in Federal reimbursement for services provided by the Department. (See chart to right)



Since FY 1995 the Department has obtained over \$3.6 billion in Federal reimbursement.

FY 2008 MEDICAID OPERATIONS SIGNIFICANT ACCOMPLISHMENTS

- ❑ Continued to manage the Federal reimbursement function for DDS resulting in \$342.68 million in reimbursement which is a 3.2% increase over FY 07.
- ❑ Developed and implemented regional Medicaid revenue targets.
- ❑ Provided consultation to the regional executive teams.
- ❑ Developed and conducted Medicaid Operations Spectrum Audits in each region.
- ❑ Redesigned the DDS Medicaid rate development process.
- ❑ Conducted Case Manager and regional staff training in the areas of Targeted Case Management and compliance with Medicaid requirements.
- ❑ Provided technical assistance on an individual case basis to DDS Case Managers and Case Manager Supervisors in the Department of Social Services Medicaid Programs. This will assist consumers in maintaining Medicaid eligibility.
- ❑ Began implementation of electronic billing for all DDS Medicaid services, which will reduce paper work and increase billing accuracy.

FY 2009 MEDICAID OPERATIONS PROJECTED INITIATIVES

- ❑ Complete implementation of electronic billing for Medicaid programs.
- ❑ Implement Revenue Automation Plan.
- ❑ Develop program requirements for automated waiver enrollment process.

QUALITY MANAGEMENT SERVICES

INTRODUCTION

The Quality Management Services Division is responsible for regulatory oversight and quality review activities involving a wide range of services and supports.

Division staff perform licensing reviews of Community Living Arrangements (Group Homes) and Community Training Homes (Licensed Family Homes), as well as Quality Service Reviews in a broad array of licensed and unlicensed service settings including Individual Supports, Employment and Day Supports, Family Respite Centers, and Camp Harkness (a seasonal camp for adults with disabilities).

The Division gathers performance information and reports findings to DDS and private providers, for the purpose of corrective action and quality improvement.

In addition to quality review functions, Quality Management Services oversees the Department's Emergency Management System, a comprehensive system of readiness initiatives designed to guide continuity of services in the event of an emergency.

The Director also issues the Department's Safety Alerts/Advisories to inform constituents about a variety of issues affecting health and safety.

🔗 COMMUNITY LIVING ARRANGEMENT (CLA) LICENSING 🔗

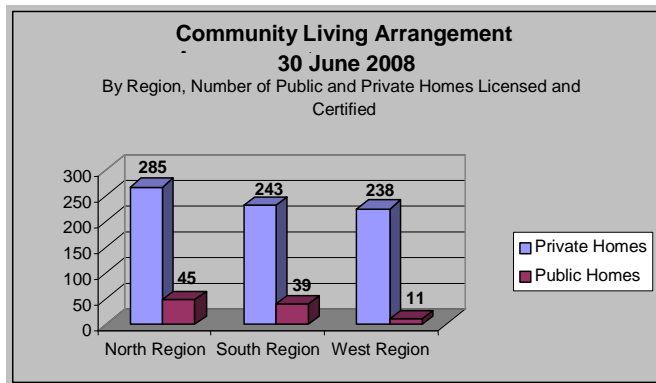
The Community Living Arrangement Licensing section conducts inspections of Community Living Arrangements (CLAs, commonly called group homes). Inspections evaluate the developmental and clinical services provided to individuals living in these homes and the environmental issues that affect the health and safety of individuals.

CLA licensing regulations are standards or benchmarks designed to assist providers in identifying risks to the health, safety and well-being of individuals. Licensing of private homes or certification of public homes occurs after a favorable initial inspection. An inspection is conducted one year following the issuance of the initial license. Annual or biennial inspections occur thereafter dependent on inspection outcomes. In addition, each inspector conducts two unannounced monthly revisits to determine provider implementation of submitted plans of correction. When outcomes of annual or biennial inspections identify conditions requiring follow-up attention, revisit inspections may occur at any time. Additional monitoring inspections (enhanced monitoring) are conducted at the request of the Commissioner or the Quality Management Services Director.

Currently there are a total of 76 private CLA provider agencies; DDS is the public provider agency. In the CLA Licensing section there are seven Quality Review Specialists and a Quality Review Specialist Supervisor. Individual specialists' caseloads as of June 30, 2008 range from

119 to 124 homes. Inspections occur biennially, unless an annual inspection has been deemed necessary as outlined in the "Criteria For Determining a One-Year License Inspection Status". In addition to its traditional regulatory look at service delivery, the CLA Licensing process also includes other measures of quality. An observational component may be added to the process, in order to get a "snapshot view of service delivery in action". This observational component is meant to capture the nature of interactions and activities that might not be reflected in a traditional review. Feedback from observations is presented to service staff in a way that emphasizes adherence to the values of the DDS Mission Statement rather than compliance or non-compliance with regulations.

In fiscal year 2008, 22 new CLA licenses were issued bringing the total of licensed or certified CLAs to 861 with a licensed capacity to serve 3858 people. (see below graph)



Statewide Private Total: **766** Statewide Public Total: **95**

In March 2002, the Department began posting CLA licensing inspection results monthly on the DDS web site. Additionally, CLA licensing inspection reports are available by contacting the DDS Regional Director or the Director of Quality Management Services. For privately operated residences, interested parties may also contact the private agency's Executive Director.

CLA SECTION ACTIVITY FY 2008

1. Licensing Activity

- 621 licensing reviews were conducted
- 22 initial inspections
- 393 standard inspections
- 171 revisit inspections
- 23 monitoring inspections
- 12 health care inspections
- 197 inspections were unannounced
- 424 inspections were announced
- 52 inspections included an observational component

2. Licensing Results

- 358 homes were issued a biennial inspection status
- 19 homes were issued an annual inspection status
- 22 homes were newly licensed

3. Homes Closed

Seven homes closed because the home no longer served the needs of the individuals and a replacement location was sought or because individuals moved to a less structured setting.

4. Key Quality Review and Improvement Indicators

The following is a comparative analysis of selected inspection results from standard inspections conducted during the period of July 1, 2004 to June 30, 2006, and during the period of July 1, 2006 to June 30, 2008 (the licensing cycle is completed every two years). These regulatory sections were chosen to evaluate select system safeguards and potential areas for Quality Improvement efforts.

REGULATION	FY 05-06 % Met	FY 07-08 % Met	% Change
Environmental Safety and Conditions (11d)	42.1%	40.3%	-1.8%
Training (14b1 – b5), (c1 –c5), d1	83.1%	81.4%	-1.7%
Individual Rights (15a1)	90.7%	86.4%	-4.3%
Plan of Care (17d, e, h)	80.9%	78.6%	-2.3%
Medication Administration (18a1)	53.5%	47.4%	-5.9%

The findings in environmental safety and conditions, individual rights, staff training and medication administration identify a need for continued focus and quality improvement. Results in Plan of Care regulatory areas continue to support the Department's FY 04 initiative to enhance all aspects of the Individual Planning process.

Although findings in training, individual rights, and Plan of Care show a slight decline, they are being maintained at levels to provide quality care.

A major contributing factor toward the low rates of compliance with these regulations in environmental safety and medication administration is the nature of the regulations themselves, which result in a regulation being rated as "not met" if there is any minor problem in any area associated with that regulation. For example, the regulation about environmental safety will be unmet if there is a single instance of a potentially unsafe or unpleasant condition—a torn carpet, a scrap of litter in the yard, a piece of broken furniture in an attic or basement, etc. even if 99.9% of the conditions found in the home or on the grounds are perfect.

The department is developing new regulations, based on the Quality Service Review standards and process (see the section of this report re: Service and Systems Enhancement). The new regulations and review process will still insist that the minor problems are identified and corrected, but will also allow a reviewer to say that a regulation is met if there is substantial compliance and no serious risk to individuals' health and safety. The new process should give an ample and more accurate assessment of the actual circumstances in a home.

The findings of all inspections are shared with DDS regional staff. Regional staff provide ongoing assistance and training in areas to increase compliance to regulations and quality of life for individuals we serve.

The Department continues to provide heightened monitoring and assistance in areas that affect the health and safety of individuals.

CLA FY 2008 QUALITY MANAGEMENT SIGNIFICANT ACCOMPLISHMENTS

- ❑ Provided ongoing consultation to the regional quality staff regarding consistent interpretation of the regulatory requirements in relation to the regional review process.
- ❑ Continued the increased level of unannounced revisits to determine provider compliance with plans of corrective actions.
- ❑ Continued the peer review process regarding the issuance of annual inspection status determinations, enhancing the consistency in licensing regulation interpretation and inter-rater reliability. Nineteen homes were issued an annual inspection subsequent to the division's peer review process.
- ❑ Continued monitoring of compliance with Safety Alerts and Advisories issued by the Department in order to ensure consistent services, supports and practices.
- ❑ Continued participation in the finalization of development, user testing and training.
- ❑ Provided training and consultations with other State agencies (i.e., Department of Children and Families, Department of Public Health).
- ❑ Participated in the Department's and state emergency preparedness drills.

CLA FY 2009 PROJECTED QUALITY MANAGEMENT INITIATIVES

- ❑ Develop a transition plan from traditional CLA licensing to Quality Service Review (QSR).
- ❑ The Department is developing new CLA regulations based on the quality standards of the Quality Service Review. Revised regulations will center on using personal outcomes and support expectations in the Focus Areas of: Planning and Personal Achievement, Relationships and Community Inclusion, Choice and Control, Rights, Respect and Dignity, Safety, Health and Wellness, and Satisfaction. The correlation of the QSR and licensing regulations will allow the Department to assess regulatory compliance while conducting the QSR, eliminating the need for dual processes.

COMMUNITY TRAINING HOME (CTH) LICENSING

The Community Training Home Licensing section conducts inspections of community training homes (CTHs). CTHs offer personalized living arrangements for both children and adults in private family homes. Inspections (initial, annual and revisit) evaluate supports and services provided to individuals who live in CTHs. Compliance with regulation is used to determine if adequate standards of health and safety are maintained.

In addition to conducting licensing inspections, members of the section will, when requested, hold educational forums for regional and private agency CTH support staff. These forums cover topics such as: overview of regulations, initial licensure process, proper handling of individuals' personal monies, and plans of correction. The forums are intended to help staff work with licensees to improve services to individuals living in CTHs.

In fiscal year 2008, 44 new licenses were issued, and the total number of licensed CTHs increased from 269 to 287, the first increase in CTH capacity in many years. The increase was due largely to the department's offering incentives (through a Request for Proposals) for private agencies involved in CTH support to recruit new licensees.

CTH SECTION ACTIVITY FY 2008

- 44 initial inspections completed
- 235 annual CTH inspections completed
- 18 revisit inspections completed in homes where placements had occurred within 4-6 months of initial licensure
- 1 inspection completed to increase capacity

CTH SECTION DATA ANALYSIS

Data from the past fiscal year was analyzed to evaluate compliance with four key regulations. The broad regulation areas listed below were chosen as they encompass critical elements of the system that directly impact individual health, rights and ability to achieve personal outcomes. The table below illustrates the percentage of licensing reviews where each of those regulations was met.

REGULATION	FY07	FY08	% Change
Timely provision of necessary health care	71.9%	71.9%	0.0%
Proper accounting of individuals' funds	97.2%	97.0%	- 0.2%
Adherence to policy re: use of psych meds, aversives	89.3%	89.8%	+ .5%
Licensee and individual's participation in the development of the individual's plan of service.	72.1%	74.0%	+ 1.9%

As the preceding table illustrates, compliance with all four regulation areas is improving. The

rate of compliance with the regulation addressing the timely provision of health care appears lower than desirable, but can probably be attributed to the fact that in CTHs medical appointments may not always occur exactly within recommended time frames due to the conflicting time demands of life in a family home. Additionally, there has appeared to be a growing trend among community physicians to discontinue serving patients who receive Title XIX, resulting in delays until participating doctors can be located. The rate of compliance with the fourth regulation (addressing plans of care) remains lower than desirable, but is improving. Frequently the issue is not whether a plan has been developed with the appropriate participation of both the provider and the individual, but rather that a copy of the plan has not been sent to the home in a timely fashion. In other cases some team members may have been absent from the planning meeting or the plan may have been late based on annual time frames. Again these issues are largely attributable to the family-home nature of the CTH program. On a few occasions meetings were held without the individual present. The CTH licensing supervisor will bring the issues to the statewide CTH group so that CTH coordinators can work with their case managers toward resolution.

CTH FY 2008 QUALITY MANAGEMENT SIGNIFICANT ACCOMPLISHMENTS

- ❑ As part of the work of the statewide CTH group, continued to focus on enhanced follow up to resolve issues identified in licensing reviews and thus reduced the number of homes whose licenses were in provisional status. A license is in provisional status when critical issues identified at licensing inspections have not been resolved within 30 days of the expiration date of the license. Due to the ongoing focus placed on this matter by regional CTH teams and CTH licensing staff, the positive downward trend continued. Despite the net growth in the number of homes, the percentage of licenses in provisional status decreased from 15% at the end of FY 07 to 13% at the end of FY 08.
- ❑ Public and private CTH support staff met to develop a methodology for implementing the Department's Quality Service Review process in CTHs. Unfortunately, because the QSR is based on the review of a provider agency, we could not find a viable method to make the sampling-based review process work in CTHs. At this time CTH case managers will, however, conduct limited Quality Reviews in CTHs, and data from those reviews will be available for CTH managers for quality improvement purposes.
- ❑ Participated in a statewide task force to develop a new training curriculum for CTH licensees.
- ❑ Participated in a statewide task force to identify and address issues related to aging individuals and caregivers in CTHs.

CTH FY 2009 PROJECTED QUALITY MANAGEMENT INITIATIVES

- ❑ With the statewide CTH work group, continue to address the issue of follow up to resolve critical issues identified in licensing reviews.
- ❑ Promote use of CTH data to identify trends on a regional basis.

- ❑ Promote use of CTH data to identify trends within private agencies under contract to provide support to CTHs.
- ❑ Continue to examine ways to use available QSR data to evaluate CTH supports provided by private agencies.

REGIONAL QUALITY MANAGEMENT ACTIVITY

Regional Quality Service Review

Regionally based Quality Service Reviews are conducted by Regional Quality Monitors (RQMs) who report to Central Office Quality Management Services Division (QMS) and are assigned to a specific region. These reviews occur at residential locations including Community Living Arrangements (CLAs), Individualized Home Supports (IHSs), people living in their own home or apartment or with their family. These reviews also occur at day and employment service locations including Day Service Options (DSOs), and Sheltered Workshops (SHEs).

Numbers of Quality Reviews conducted by region in FY 2008, total number of reviews statewide: **1,321**:

North Region	South Region	West Region
462	347	512

National Core Indicator Review

Regional Quality Monitors also conduct National Core Indicator (NCI) consumer interviews.

"In January 1997, the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute launched the Core Indicators Project. The name of the data collection collaborative was changed to National Core Indicators (NCI) in 2002. The aim of the initiative is to develop nationally recognized performance and outcome indicators that will enable developmental disabilities policy makers to benchmark the performance of their state against the performance of other states. National Core Indicators also enables each participating state developmental disabilities agency to track system performance and outcomes from year to year on a consistent basis."

(extract from the NCI website, <http://www.hsri.org/cip/coreold.html>)

Reviewers interview consumers about their satisfaction with the services they receive and relevant aspects of actual service provision.

The total statewide number of National Core Indicator reviews conducted by regions in FY 2008 was **397**:

North Region	South Region	West Region
140	107	150

SERVICE AND SYSTEMS ENHANCEMENT

Service and Systems Enhancement examines services and systems through outcome based measurement processes in order to elicit actions that positively affect people with intellectual disabilities.

The Service and Systems Enhancement Unit (SSEU) is involved in the development and implementation of monitoring and enhancement-oriented review methods and systems. The design and piloting of new quality initiatives, particularly the Quality Service Review (QSR), and other initiatives and systems for the Department is a function of this Quality Management Services Unit. The SSEU also participates in regional and state level reviews and projects to support private and public provider quality improvement activities.

THE QUALITY SERVICE REVIEW

As part of the Department's overall Quality System, QSR development occurred during a multi-year project to design a quality review that measures consumer personal outcomes and provider support expectations in all service settings. QSR development project participants have included DDS, private agency, consumer, and family representatives.

The QSR is also envisioned as a service review to determine the quality of services delivered by private Qualified Providers and state operated services, in order to certify that they provide services and supports that meet DDS and other quality standards and expectations and to lead to improvements. The QSR includes traditional quality review activities and new components to address the Centers for Medicare and Medicaid Services (CMS) quality system expectations and the DDS Quality Improvement Planning process.

The QSR consolidates the Department's regional and Central Office quality management activities for the variety of services offered to individuals into one review system. All providers' services are reviewed using the same quality indicators, outcome measures, and methods, and providers will be certified to deliver distinct services.

Regional Quality Monitors conduct QSRs for Regional Community Living Arrangements, Day and Employment Services, Individual Supports and DDS Regional Centers. The regional QSRs contribute to providers' annual performance evaluations conducted in each region. A QSR may result in providers implementing corrective action plans and/or quality improvement plans to resolve quality issues, as necessary.

Case Managers complete quality reviews for individuals they support, who receive day and employment and/or residential supports. Regional Quality Monitors and Case Managers report findings for all individuals who have been reviewed. The findings are also included with the results from the sample of individuals for a QSR provider certification review conducted by State Quality Monitors. In addition, Case Management Supervisors in each DDS Region, conduct documentation-based QSRs for a sample of consumers to verify Case Management performance and outcomes.

The QSR is structured by Focus Areas for provider performance evaluation. The Focus Areas were selected based on the Department's mission, principles of self-determination, and

discussions with consumers, family members and support persons, about what is important in their lives and what quality means to them. The individual personal outcomes and provider support expectations of the QSR are organized within these seven Focus Areas. The Focus Areas are:

- Planning and Personal Achievement
- Relationships and Community Inclusion
- Choice and Control
- Rights, Respect and Dignity
- Safety
- Health and Wellness
- Satisfaction

Reviewers collect information by consumer interviews, support person interviews, observations of supports provided, environmental safety and accessibility, observations and documentation reviews for individual consumer and provider service reviews.

An **individual consumer review** assesses the quality of and consumers' satisfaction with their services and supports. Case Managers, Regional Quality Monitors, and State Quality Monitors conduct individual consumer reviews using quality indicator review tools that are designed specifically for each service type.

A **provider service review** assesses the overall quality of the services delivered. The provider service review incorporates Case Manager and Regional Quality Monitor review findings, in addition to the State Quality Monitor findings for the consumers chosen in a service review sample.

The State Quality Monitor QSRs include personal outcome and support expectation findings that summarize the quality indicator results, as well as, service summaries for each service. Only the provider responsible indicators are summarized for a provider service review. "Case Management As A Service" and "DDS Responsible" quality indicator findings identified during any provider service review are reported to DDS Case Management and/or DDS Regional Management for resolution.

QSR certification will be service specific and QSR tools are tailored to each service for:

- Individualized Home Supports
- Day Service Option
- Sheltered Work
- Supported Employment – Individual and Group
- Individualized Day Support
- Family Respite Center
- Case Management
- Community Living Arrangements
- Public Regional Center

The following other DDS Quality System components also contribute to provider certification review findings, as appropriate:

- Program Review Committee and Human Rights Committee recommendations
- Medication Administration Regulation training and implementation

- Incident and Abuse/Neglect Reporting and Follow-up
- Mortality Review recommendations
- Resource Administration and Monitoring activities
- Complaints
- Financial Audits

QSR provider certification review findings are discussed at feedback meetings with provider personnel in the context of their ongoing Quality Improvement Planning. Service providers' self-assessments and quality improvement planning activities are evaluated to identify the effectiveness of their own service and quality management systems.

DDS is working to finalize a process whereby QSR provider certification will incorporate licensure for providers that operate CLAs. The "licensing" will occur at the time of the provider certification QSR. Proposed CLA regulations will be a subset of the QSR outcomes/support expectations that address the core areas of planning, rights, safety, health, consumer funds, and appropriate staff training related to those areas.

Initial licensure will be based on a subset of regulations (safety, training, etc.). State Quality Monitors will conduct initial reviews, and licensure recommendations from the Director of Quality Management Services will be presented to the DDS Commissioner for approval.

IMPLEMENTING THE QUALITY SERVICE REVIEW

Camp Harkness

Quality Management Services staff (Quality Review Specialists) implemented the QSR at Camp Harkness during the summer of 2007 for a pre-season environmental safety check and individual camper quality reviews during the camp season. Camp Harkness is a joint public and private agency operated summer camp for individuals with disabilities. Development of a specialized QSR tool involved input from the public and private agency directors and supervisors who operate the camp, and some campers who are members of the Camp Harkness advisory board. The modified QSR quality indicator tool addresses camper wellness and satisfaction, safe and accessible environments, support staff competency and emergency planning.

Reviewers interviewed campers and support staff, observed camper/staff activities, checked safety of camper's cottages and activity areas and completed a document review of health, medication, staff training, incident reporting, and emergency plans for selected campers. Review feedback was provided to camp management on the day of each visit and summarized for pre-season, and end of the camp season reporting

The 2007 Camp Harkness quality reviews were completed for 16 campers during July and August. The great majority of reviewer findings were positively rated.

The observations of camper support and activities consistently showed camper satisfaction. Reviewers commented that campers were personally and competently supported and campers identified that they enjoyed their days at camp.

Supports were in place that enabled very positive outcomes to occur for the campers throughout the camp season, particularly in the areas of camp maintenance, nursing and health service, waterfront operations, food services/dining hall, and camp administrative support.

The QSR also included a review of health services and systems at Camp Harkness by the Utilization Review Nurse from Quality Management Services. The overall impression was that many successful strategies and systems were in place that facilitated competent health oversight for campers' health needs and for the resolution of concerns or issues that arose.

2007 Summary Analysis of Quality Indicator Ratings 16 Campers Reviewed

- Observations revealed positive staff interactions, 100%.
- Campers reported feeling safe, supported and satisfied, 98%.
- Support person interviews revealed staff supported campers competently, 99%.
- Favorable environmental safety conditions at camp facilities, 92%.
- Camper documentation for health, diet, and authorizations were recorded, 95%.
- Support person training documentation was recorded, 86%.

CLA Licensing Pilot

Concluding in August 2007, SSEU staff conducted QSRs at ten Community Living Arrangements (CLAs) operated by private and state providers to assess the capacity of the quality indicators to address the CLA regulations and to field-test the full QSR process and revised CLA tools and interpretive guidelines. Reviewers entered their results into the QSR data application for testing of application based review scheduling, data entry, sending correspondence, reporting, and follow-up functions.

Results of the CLA reviews revealed areas to develop and consolidate, to address necessary licensure information in the QSR that would result in a common set of standards for provider licensure and certification within the QSR. A time study component of the CLA visits provided information for determining necessary QSR methodology timeframes.

DDS Family Respite Centers

During February and March 2008, SSEU staff conducted Quality Service Reviews at the ten DDS Family Respite Centers and two additional medical respite arrangements at a DDS Residential Center. Two respite guests were reviewed at each location for a total of twenty-two respite guest reviews statewide. The Family Respite Center reviews conducted in each DDS region were summarized and presented at feedback meetings to regional management and respite supervisors. Corrective action plans were implemented for any issues identified and corrections were verified by quality reviewer follow-up visits. At the conclusion of the visits a statewide summary was compiled and presented to DDS administration and management.

As a result of an analysis of the statewide Family Respite Center QSR results, the DDS respite managers with consultants' input, developed enhanced standards, procedures and formats for emergency planning, fire safety, human rights review, and guest intake information, that are specific to respite support circumstances and locations. Also, the staff-training program was re-emphasized to cover all DDS expectations, and specific guest information in areas of each guest's health, safety and rights.

The guest selection process for each Family Respite Center visit was centered on matching guests who have similar interests or prior friendships. Guests were observed to enjoy community experiences tailored to their preferences. Each Family Respite Center had regularly assigned support persons who were committed to the respite program and showed enthusiasm and competence during guest activities.

Overall, guest and family member satisfaction was very evident, many identified that they liked the respite philosophy that guests were "on vacation" and that there were comfortable and relaxed atmospheres at each location. Guest satisfaction was demonstrated in many ways, such as guests choosing and being actively involved in leisure activities and requesting to return for future visits.

Private Qualified Providers that Deliver Day/Employment Services and/or Individual Supports

During May and June 2008 SSEU staff conducted Quality Service Reviews for six private agencies that provide Day/Employment Services and/or Individual Supports. Providers were selected for review from a sample of qualified providers approved by DDS. Each QSR sample included individuals from each type of service that the provider operates.

The QSRs began with an orientation and logistics meeting for the provider staff and reviewers to discuss review expectations and coordinate the specific review activities. After consumer reviews and summary reports were completed, reviewers conducted feedback meetings with provider staff to review service summary findings, individual consumer summaries and reports of Not Met indicators, that, required corrective action plans. All information was discussed in the context of the provider's own quality systems and the Quality Improvement Plans that they implement and submit to the department.

QSR DEVELOPMENT ACTIVITIES

The QSR instruments' use and evaluation during review activities this year contributed to recommendations for instrument, database and reporting development and revision. The following are results of the fieldwork and QSR committee projects this year:

- Revised the QSR tools to strengthen focus area, personal outcome, support expectation and quality indicator data measures.
- Developed and revised interpretive guidelines for QSR quality outcomes, expectations and indicators as a result of review experiences and during regional and central office based work groups.

- Revised QSR instruments for DDS Regional Quality Monitors, State Quality Monitors, Case Managers, and Case Manager Supervisor use.
- Developed a Rating Process Method and Definitions for the CO QSR Provider Certification Process.
- Revised QSR scheduling and sample selection procedures and criteria to identify services and consumers for provider certification reviews
- Participated in User Acceptance Testing for the QSR Data Application.
- Participated in the development of QSR Data Application training manuals for providers, reviewers and other users.
- Developed additional procedures and forms through QSR fieldwork for a QSR Operations Manual.
- Conducted QSR Orientation and Training Workshops for DDS and Private Provider Groups.

SSEU FY 2008 SIGNIFICANT ACCOMPLISHMENTS

- ❖ On-going enhancement of the Quality System Review process including field-testing instruments and review procedures during QSRs with private and public providers.

SSEU FY 2009 PROJECTED INITIATIVES

- ❖ The SSEU will continue initiatives in FY 2009 to refine and implement the Quality Service Review process and data application.
- ❖ Conduct Regional QSR information sessions for public and private providers for orientation to the QSR Provider Certification Process, the QSR tools, and the data application.
- ❖ Transition from current CLA Licensing to the QSR Provider Certification Process while continuing to meet present state regulatory expectations.
- ❖ Continue development of the emergency management database Geographic Information System (GIS) capacity to participate in emergency planning and response activities in collaboration with FEMA and the State Department of Emergency Management and Homeland Security (DEMHS). The GIS Manager will continue to participate in The Connecticut Geospatial Information Systems Council, as well as, develop GIS products for a variety of other DDS projects.

QUALITY MANAGEMENT SYSTEMS SUPPORT

Quality Management Systems Support (QMSS) staff have assumed new responsibilities this year in managing aspects of the Quality Service Review (QSR). QMSS continues to oversee statewide Emergency Management (EM) development and response activities. QMSS staff consist of a supervisor and one staff person attending to QSR activities and one staff person attending to EM activities.

Quality Service Review

QMSS personnel continue to participate in the development of the QSR evaluation instrument and process. QMSS staff are members of the Information Technology (IT)/QSR Committee, and the QSR Reports Development Committee. QMSS helps organize and provide QSR database and process training for private and public provider staff.

The QMSS QSR staff member serves in the functional role of Central Office QSR Administrator, responsible at the highest level for managing the inclusion of Provider, Case Management, Resource Management, Quality Management and other DDS personnel within the QSR database application.

The QMSS QSR supervisor is involved in creating prototype reports for the QSR and also serves as the South Region Quality Coordinator, supervising the Regional Quality Monitor staff, overseeing regional QSR review activity.

Emergency Management

QMSS staff, under the leadership of the Director of Quality Management Services, coordinates the design, implementation, and oversight of the Department's statewide emergency mitigation, preparedness, response, and recovery efforts.

A QMSS staff in the role of the Department's Statewide Emergency Management Coordinator, and in association with DDS regional Emergency Management Coordinators, represents the emergency management concerns of the people served by the Department via ongoing participation in local, statewide, and national emergency planning and response activities. This includes but is not limited to:

- Continuing participation in planning and resource allocation forums such as the Department of Emergency Management and Homeland Security's Regional Emergency Planning Teams.
- Maintaining membership and actively participating in emergency management professional organizations such as the Connecticut Emergency Management Association.
- Organizing and participating in the Department's involvement in local and statewide emergency response drills initiated by individual municipalities and/or the Connecticut Department of Emergency Management & Homeland Security and/or the Federal Emergency Management Agency.

- Coordinating the design, ongoing development and implementation of emergency management competency-based practices such as those noted in the National Incident Management System guidelines.
- Coordinating the design and ongoing development of All-Hazard response protocols for Incident Command Team members, incorporating best emergency management practices such as those noted in the National Incident Management System guidelines.
- Ascertaining the status of Departmental emergency management resources and taking actions to augment resources when necessary.

QMSS EMERGENCY MANAGEMENT FY 2008 SIGNIFICANT ACTIVITIES/ACCOMPLISHMENTS

Emergency Preparedness Drills:

- *State of Connecticut Influenza Pandemic Continuity of Operations Plan (COOP) Pandemic Tabletop Exercise*
All state agencies participated in an Influenza Pandemic tabletop exercise to test each agency's Influenza Pandemic Continuity of Operations Plan. The Department's Statewide Emergency Management Coordinator represented DDS at this exercise.
- *UConn/Mansfield Host Community Exercise (Preparatory Drill and Full Scale Exercise)*
FEMA evaluated exercise of the UConn Host Community's ability to identify citizens (and their vehicles) who have been exposed to radiological fallout as a result of a radiological accident and having the facilities available to de-contaminate those citizens (and their vehicles). The exercises also included referring citizens to alternate shelter sites when appropriate. The Statewide Emergency Management Coordinator and DDS Regional Emergency Management Coordinators performed support staff and liaison functions for people with special needs during these drills.
- *Millstone Nuclear Power Plant Radiological Emergency Preparedness Event – Plume Release Drill (Preparatory Drill and Actual Drill)*
The Statewide Emergency Management Coordinator and DDS Regional Emergency Management Coordinators participated in both the preparatory drill and in the FEMA evaluated simulated radiological emergency at the Millstone Nuclear Power Plant.
- *Governor's Dam Failure Response and Recovery Tabletop Exercise*
The Statewide Emergency Management Coordinator represented DDS during this tabletop exercise designed to examine Connecticut's plans and procedures in response to and recovery from the failure of the Saville Dam in Barkhamsted, CT. Areas reviewed: planning, citizen evacuation and shelter in place, mass care, emergency public information and warning, restoration of lifelines.

Emergency Management Committee Work Related to Policy and Procedure Development and Training Initiatives:

- *Inter-Agency Supportive Care Shelter Workgroup*
The Statewide Emergency Management Coordinator represents DDS on this workgroup. This statewide workgroup is tasked with developing a standardized, comprehensive statewide and regional approach for support services and temporary shelters for vulnerable populations during disasters and public health emergencies.
- *Capitol Region Emergency Planning Committee (Connecticut): Addressing the Needs of People With Disabilities During Emergency Circumstances*
The Statewide Emergency Management Coordinator representing the DDS participated in the development, implementation, evaluation and modification of training designed for municipal, regional, and state emergency planners and first responders across North Central Connecticut. The training addresses issues including special needs registries, evacuation tips and techniques, shelter considerations, and more. (As of June 2008 a training team that includes a QMSS staff member has trained 350 first responders.)
- *Emergency Planning Zone Emergency Management Directors*
The Statewide Emergency Management Coordinator representing DDS participates with local, state and federal officials from towns in and around the Millstone Nuclear Power Plant to design, exercise and evaluate emergency planning and response protocols in the event of a radiological incident at the Millstone Nuclear power Plant.
- *The CT Governor's Dam Failure - Response and Recovery Table top Exercise - After Action (Report and Improvement Plan) Committee*
As follow-up to the dam failure exercise conducted in 3/08. The After Action Committee (AAC) provided the participating exercise agencies a chance to comment on the draft After Action Report (AAR) and to develop a draft Improvement Plan (IP) to address any areas for corrective actions. Members of the AAC included The Statewide Emergency Management Coordinator representing DDS.

Emergency Management Presentations:

- *Playing It Safe: Emergency Disaster Preparedness Conference for People with Disabilities and Seniors*
The Statewide Emergency Management Coordinator presented to municipal officials and others from the Connecticut Department of Emergency Management and Homeland Security's Regions 2 and 3 an overview of the DDS approach to and protocols for emergency management.
- *Creating a Diverse Populations Database*
The Statewide Emergency Management Coordinator representing the DDS was a guest presenter at a conference sponsored by the Yale Center for Public Health Preparedness and the Connecticut Department of Public Health. The Statewide Emergency Management Coordinator presented information about methods for, and issues related to, creating a diverse populations database. The audience included public health officials from in and out of state, members of state and national physician and nursing

professional organizations, state and federal administrators from Health and Human Services Departments, and academicians representing universities from around the country.

- *Creating a Diverse Populations Database*

The Statewide Emergency Management Coordinator was a guest presenter at a conference sponsored by the Town of Middletown, CT Department of Emergency Management. The Statewide Emergency Management Coordinator presented information about methods for, and issues related to, creating a diverse populations database. The audience included first responders, Community Emergency Response Team members, area emergency management directors, and local officials.

Emergency Management Publications:

- *Establishing Information-Sharing Partnerships: The Connecticut Approach*

The Statewide Emergency Management Coordinator and the DDS Director of Quality Management Services co-authored the above article on emergency mitigation efforts which was included in the nationally distributed IMPACT Quarterly newsletter. The newsletter is published by The Institute on Community Integration (UCEDD) and the Research and Training Center on Community Living, at the College of Education and Human Development, University of Minnesota.

- *Emergency Preparedness for a Radiological Event and Potassium Iodide Acquisition*

The Statewide Emergency Management Coordinator and the DDS Director of Quality Management Services co-authored the above advisory that was distributed via e-mail, hard copy distribution, and web posting to public and private sector employees, select municipal emergency management directors, and staff of the Connecticut Department of Emergency Management and Homeland Security.

- *Emergency Management Safety Alerts and Advisories*

During this fiscal year the Statewide Emergency Management Coordinator forwarded to public and private DDS service providers and published on the DDS website a total of twenty five safety alerts and advisories. These alerts and advisories included food and medicine recall notices, seasonal emergency preparedness advice, and product safety notices.

QMSS EMERGENCY MANAGEMENT FY 2009 PROJECTED INITIATIVES

On-going participation in local, state, and federal emergency preparedness and response drills.

Continue participation in emergency management committee work related to local and statewide policy and procedure development and training initiatives designed to enhance supports for people with developmental disabilities; specifically clientele of the DDS.

Continue to take advantage of opportunities to share (via presentations and publications) the DDS approach to emergency preparedness, to other public and private, local, statewide, and

national level emergency management partners. Continue to use such sharing and dialogue opportunities to enhance the DDS emergency management system.

Continue notification via email to public and private DDS service providers and publishing on the DDS website, relevant food, and medicine and product recall notices, seasonal emergency preparedness advice, and product safety notices.

INTRODUCTION

The Audit Division supports the efforts of the Department to serve the greatest number of people in the most effective and efficient manner possible. The Division conducts audits to ensure the accountability of State funds and to ensure those funds are used for their intended purposes in compliance with State statutes and regulations. The Division also provides financial technical assistance to public and private programs.

The Audit Division conducts a range of financial compliance audits of public and private programs. Audits are conducted of private sector Community Living Arrangements (CLAs), Individual Supports (IS) formerly known as Supported Living (SL), Community Training Homes (CTHs), day programs, individual budgets, and the Birth to Three program. In addition, the Audit Division conducts reviews of other DDS programs and DDS fiscal administrative functions. The Audit Division is a liaison with the Connecticut Housing Finance Authority (CHFA) to finance CLA development.

AUDIT UNIT FUNCTIONS

The initiation of audits can result from requests from:

- The DDS Commissioner, Deputy Commissioner, Regional Directors.
- DDS' Quality Management Division.
- DDS' Investigations Division.
- Desk reviews of *Annual Report of Residential and Day Services* and audited financial statements submitted by private agencies.
- Questions and referrals from DDS Regions.
- *State Single Audit* compliance reports submitted by private agencies.
- Other State Agencies.

The Audit Division periodically assists the:

- State Medicaid Fraud Control Unit.
- Healthcare Fraud Unit in the Office of the Attorney General.
- Department of Social Services' Office of Quality Assurance.
- Department of Social Services' Office of Certificate of Need and Rate Setting.

The Audit Division makes referrals and offers consultations to other State Agencies and organizations as necessary. The Audit Division may assist with reviews and investigations conducted by other states. In addition, the Audit Division has a liaison with agencies of the Federal Department of Health and Human Services (HHS).

During fiscal year 2008, the Audit Division conducted eight audit activities ranging from desk reviews to field audits at the offices of private agencies. The scope of the audits included reviews applicable to:

- ★ The accountability and safekeeping of participant funding, and the appropriate handling of participant personal monies.

During the fiscal year, two field audits were conducted to determine the level of accountability and safekeeping of participant funding received primarily from the Social Security Administration, the Supplemental Security Income Program, the State of Connecticut's Department of Social Services Aid to the Disabled Program, and from participant earnings from employment. These reviews included a determination that awards were properly accounted for and participants were adequately funded for their room and board and that they received their minimum monthly allowance of approximately \$177. The audits also included a determination of the appropriateness of expenditures of participant personal monies.

- ★ Compliance with State Statutes and rate setting regulations applicable to the allowable costs funded by the Department, reasonableness of costs reported on cost reports submitted to DDS as well as allowable costs for the individuals using individual budgets.

A total of six compliance desk reviews and field audits have been conducted to review compliance to State Statutes, rate setting regulations, as well as contractual terms for allowable expenses. These audits also include desk reviews and field audits of related party transactions and the reporting and review of related party transactions to the DDS Ethics Committee. These audits have also included reviews of Individual Budgets and payments made by the Fiscal Intermediaries, reviews of Birth to Three provider agencies, Annual Reports reporting and State Single Audit Reporting Reviews, alleged Medicaid Fraud, and internal reviews of the DDS building inventory, fixed asset management, and purchasing card program. The compliance audits reported on the DDS' purchasing card program, fixed asset management, internal control questionnaire completion, personnel evaluations, purchasing program, agency administered projects, personal service agreements, and the handling of public sector client personal monies and expenditures funded with IFS Grants.

- ★ Follow-up audit findings disclosed in compliance reports mandated for private, non-profit agencies by the State of Connecticut Single Audit Act.

The Division followed up on accounting issues identified in desk reviews conducted by the State of Connecticut's Office of Policy and Management.

OTHER FINANCIAL RELATED FUNCTIONS

The Audit Division acts as the Department's liaison with the Connecticut Housing Finance Authority (CHFA). CHFA provides residential mortgages to private non-profit agencies developing new CLAs.

The Audit Division reviews and processes private agency requests to develop new CLAs or to make capital repairs and improvements to existing CLAs. The Division ensures submitted requests are complete, and then provides a recommendation to the Department of Social Services (the funding agency). The Division is responsible for tracking and processing requests.

During the fiscal year, the Audit Division processed 140 requests for capital repairs and improvements to existing CLAs, and 28 requests for the development of new CLAs.

The Audit Division oversees the collection of the financial and statistical data submitted to the Department of Social Services for the rate setting of DDS' ICF/MR Programs and Home and Community-Based Waiver Programs. This rate setting and data collection is also submitted to the State of Connecticut's Office of the Comptroller to compute the "per diem rates" required by Statute. This rate setting function provides the Department with cost accounting reports and comparisons of DDS operated programs to similar programs operated by private agencies.

As a member of both groups, the Audit Division provides a financial and audit perspective to the Department's Program Integrity Team and the Department's Ethics Committee. The Audit Division is also a member of the DDS Vacating Committee, which reviews provider's proposals to vacate a licensed Community Living Arrangement.

FY 2008 AUDIT SIGNIFICANT ACCOMPLISHMENTS

- Continued to expand the scope of DDS Quarterly Spectrum Audits to facilitate review of fiscal operations of DDS and provided valuable feedback to DDS Management on the status of fiscal operations.

FY 2008-2009 PROJECTED AUDIT INITIATIVES

- Continue to expand the scope of DDS Quarterly Spectrum Audits and provide feedback to DDS Management on the status of fiscal operations.
- Participate in the DDS Provider Seminar that is coordinated by the Operations Center.
- Expansion needs of the Audit Unit have been identified, in order to effectively implement audits of individual budgets. While personnel needs are on hold due to the hiring freeze, as issues arise with specific individual budgets, these reviews/audits are being conducted on an as-needed basis. The expansion would provide for pro-active and ongoing audits of individual budgets.

HEALTH AND CLINICAL SERVICES

INTRODUCTION

Health and Clinical Services (HCS) is part of the DDS Division of Family and Community Services. The Director of Health and Clinical Services, the Health Services Directors and Public Services Nursing Directors, oversee health and clinical supports provided to consumers of the Department. Responsibilities include consultation within and outside of DDS, developing and implementing health policies and procedures, establishing clinical standards of practice, assisting with the development of educational programs for health professionals and non-licensed staff, monitoring the access and quality of health and clinical services and acting as liaison for DDS in collaboration with other state Departments and community providers, as well as out of state and national public and private health care agencies.

HCS FY 2008 SIGNIFICANT ACCOMPLISHMENTS

- Review of health issues impacting the aging DDS population resulting in the development of standards of healthcare and targeted clinical supports for this population.
- Train the Trainer Session was provided for clinical and non-clinical staff regarding the Guidelines for Identification and Management of Dysphagia and Swallowing Risks.
- Training provided to licensed nursing staff regarding enteral feedings, the medication sanction process and medication errors.
- Development of nursing protocols by a team of nursing supervisors to meet current standards of nursing practice.
- Federal Government Accountability Office (GAO) reported positively on Mortality Review Standards and the CT DDS Mortality Review Process.
- Established DDS Private Provider Nursing Review Committee to review proposed best practice health and nursing standards, protocols, and practices for statewide implementation.
- Held an Annual Health Conference featuring evidence based practice in Nursing featuring presenters from the University of Connecticut School of Nursing. Annual DDS Nurse of the Year Awards presented.
- Participation of DDS health and clinical staff on state task force/committees: Oral Health Elderly Task Force, Injury Prevention, Aging Task Force, Fatality Review Board, DPH State Ethics Committee.

- Established clinical affiliations with Universities: University of Connecticut School of Nursing, VNS Uncas/Thames, New England Technical Institute (LPN), Norwich Technical Institute (LPN).
- Established registered nursing work groups to develop best practice health nursing standards in own home, CTH, CLA, and for implementation of the OBRA process.
- Wrote the Annual Mortality Report (2007) which is posted on DDS web portal.
- Nursing Support Report presented to the provider trade organizations.
- The DDS regional mortality review committees reviewed 133 mortality cases.
- Mortality cases were reviewed by the Independent Mortality Review Board (IMRB).
- Utilization Review Nurse position established for reviews of licensed nursing facilities.
- Collaborated with the North Region Managed Health Care Pilot Program staff.
- Dental Care Coordinator position established.
- Dental Partnership Program established between the DDS and University of Connecticut School of Dental Medicine.

HCS FY 2009 PROJECTED INITIATIVES

- Focus on Health & Aging to ensure timely medical evaluation and treatment and develop education and training materials for staff.
- Increase access and capacity of dental health services.
- Develop oral health care prevention strategies.
- Develop Health and Wellness Nutrition Training Manual.
- Utilize mortality data to stimulate research and develop health/nursing best practice standards.
- Continue to develop collaborative relationships with community healthcare providers and academic institutions.
- Focus on care of consumers living in licensed nursing facilities.
- Establish a Nursing Summer Internship Program.
- Establish Nursing Support Committees.
- Develop nursing orientation and mentorship program for provider agencies.

INVESTIGATIONS

INTRODUCTION

The Department of Developmental Services (DDS) continually strives to protect the safety, health and rights of persons with developmental disabilities. To support this effort, the Division of Investigations was created in August 1997 to ensure that allegations of abuse and neglect are investigated in a thorough, timely and impartial manner by professional investigators.

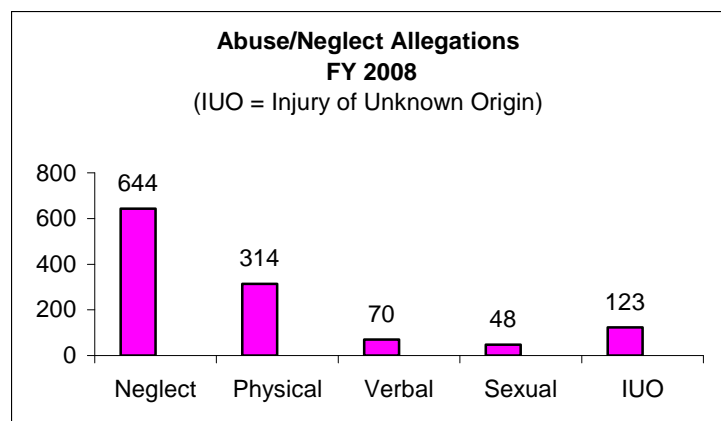
To enhance the division's effectiveness, DDS formed a partnership with the Department of Public Safety in May 2000. A State Police Captain was assigned as the division's director. This interagency collaboration has strengthened the tie between DDS and the law enforcement community, allowing them enhanced prevention and responses to incidents of abuse and neglect.

The Division of Investigations is composed of a Director, a Special Investigative Assistant, an Investigations Management Coordinator, five Lead Investigators, four Lead Special Investigators and two Nurse Investigators. In addition to conducting abuse and neglect investigations, the division staff carries out the following quality assurance and improvement activities:

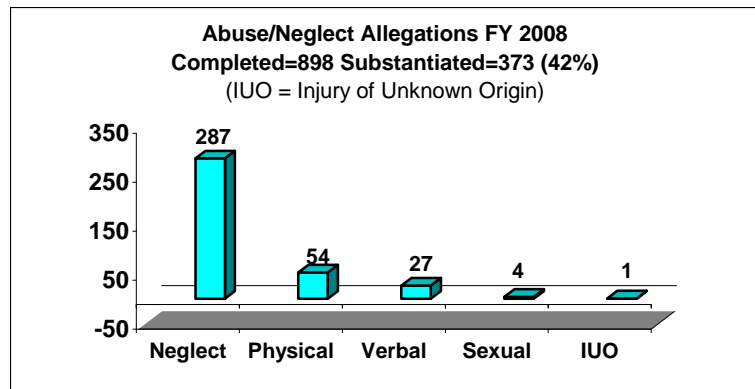
- Evaluating D.D.S. investigations to ensure compliance with policies, procedures and standards
- Participating in New Employee Training to inform newly hired staff about the Investigation Division and the Department's expectations for all DDS employees
- Providing technical assistance and support to regional investigative staff
- Evaluating the quality, thoroughness and objectivity of DDS investigation reports
- Maintaining a working relationship with prosecutors and police in their regions
- Training regional and private provider investigators
- Reviewing and monitoring private provider investigations, selecting cases for review and endorsement
- Tracking all client abuse/neglect/special concern cases
- Serving as staff for the Independent Medical Review Board
- Conducting a medical desk review of all available medical records following a client's death

Abuse/Neglect

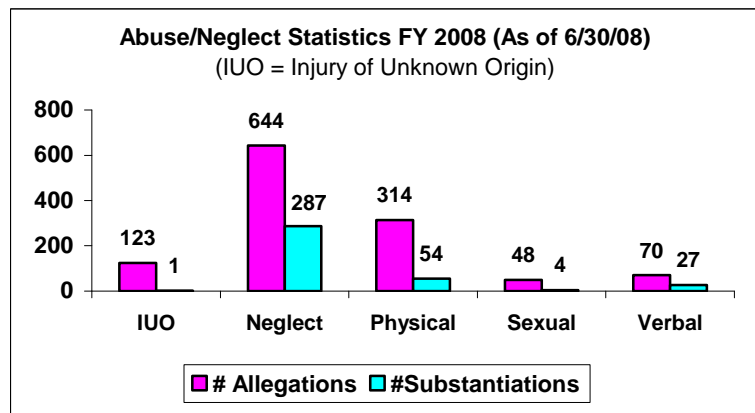
The division continues to work with public and private providers and various state agencies and departments to address allegations of abuse or neglect and special concerns. In FY 2008, a total of 1199 allegations of abuse/neglect and 109 Special Concerns were reported.



As of 7/1/08, 898 investigations were completed. Of the 898 completed, 373 (42%) were substantiated.



The total number of allegations was 1199, 644 were neglect that accounted for 54%, 314 were physical abuse that accounted for 26%. The remaining allegations were 123 injury of unknown origin accounted for 10%, 70 verbal abuse accounted for 6%, and 48 sexual abuse allegations accounted for 4%.



Investigations Division FY 2008 Accomplishments:

- Continued relationships with state and local police departments and with the State's Attorneys' offices to facilitate interagency communication during criminal investigations.
- Participated in New Employee Training to inform newly hired staff about the Investigation Division and the department's expectations for all DDS employees.
- Continued the Investigations Training program for new DDS and private provider investigators, with 85 persons completing the training.
- Completed the development of a DDS training manual specifically designed to train Abuse/Neglect Investigators.
- Reviewed and endorsed over 191 private provider investigations during the time period of July 1, 2007 through June 30, 2008.

Investigations Division FY 09 Planned Quality Initiatives:

- Continue to review all critical incidents to determine at the time of intake whether there is cause for investigation.
- Continue to expand the pool of trained investigators and track pool investigations.
- Continue to input on DDS New Employee Training.
- Continue to enhance working relationships with local law enforcement.
- Exercise greater control and supervision of investigations conducted in the private sector, through review, supervision and additional training as needed.

EDUCATIONAL SUPPORT AND STAFF DEVELOPMENT

INTRODUCTION

The Educational Support and Staff Development (ESSD) Unit provides leadership, coordination, and oversight of a wide array of organizational and educational support goals and initiatives for public and private agency employees as well as individuals and families receiving support. The ESSD Unit ensures consistency and coordination of statewide training goals and activities. This includes training required by legislation, Federal and State regulation, Department policy or contract, and collective bargaining agreements. Training, education and development activities associated with the Department's strategic direction and business plan are implemented throughout the year based on need. The Department dedicates \$730,000 annually to fund its training and development initiatives.

EDUCATIONAL SUPPORT and STAFF DEVELOPMENT FUNCTIONS:

- The Department of Developmental Services provides educational support services to ensure that constituents have the knowledge, skills and abilities to competently and effectively provide services to people and manage critical operations.
- Educational support services include curriculum development and evaluation, direct delivery of training, development of educational resource materials; trainer development and support; monitoring and analyzing individual and system performance data and developing training recommendations to improve employee performance and critical operations; maintaining data systems to document educational support activities.
- Constituents include public and private sector employees, and other qualified vendors; and individuals, families and their employees, community medical and legal professionals and emergency responders.
- Educational support services are provided through live and video classroom experience; e-learning programs; workshop and conference presentations; train-the-trainer programs; onsite coaching and mentoring; and distribution of educational resource materials. Service-delivery resources include DDS educational support employees and adjunct trainers, other state and national agencies, content experts and contracted vendors including institutions of higher learning.

FY 2008 EDUCATIONAL SUPPORT SIGNIFICANT ACCOMPLISHMENTS

■ New Employee Orientation

The Department provides training to all new employees upon employment. This program is considered a pre-service training. This means a new employee is not part of minimum safe coverage and always works under the supervision and guidance of a mentor until the pre-service training is complete. The six-day centralized program includes an Introduction to DDS Mission and Principles, Employee Professionalism, Individual Rights and Choice, Abuse Prevention and Reporting, Ethics and Confidentiality, HIPAA, Basic Goals and Values, and

Individual Planning. Additional regional training is provided on a variety of topics including an on-site orientation to all applicable Department policies and procedures and provider roles and responsibilities specific to the individuals receiving services.

- **College of Direct Support**

The Department entered into an agreement with the nationally-recognized College of Direct Support to offer a comprehensive web-based training curriculum to DDS employees, private agency employees, and employees hired directly by individuals and families. This program will significantly enhance the learning employees experience and reduce a portion of the travel time to and from classroom-based training.

- **Physical and Psychological Management Techniques (PMT)**

All employees who provide direct support to individuals complete a three-day program on crisis prevention and management. In addition, all direct support workers complete five hours of PMT refresher training annually. The Department also contracts to provide instructor development for private agencies, and training for parents and family members on how to safely manage escalating behaviors.

- **CPR Training**

All employees who provide direct support to individuals in community settings are required to complete the AHA CPR certification program. Refresher training is provided as specified by the certifying organization.

- **Medication Administration Certification**

DDS regulations for Medication Administration Certification allow for unlicensed certified personnel to administer medications in DDS licensed or funded facilities. A 25-hour training course is provided to approximately 1500 public and private agency employees per year seeking initial certification and approximately 6000 initial and re-certification cards are issued annually. The Department also provides endorsed instructor training for public and private sector nurses and conducts periodic instructor audits to ensure quality.

In response to recent legislation, the Department has revised the Medication Administration regulations to allow unlicensed, non-certified personnel who work in an individual's own or family home to administer medications providing they participate in a standardized training program. The regulation changes have been submitted for review and a training program curriculum is in the final stages of development.

- **Diversity Training**

DDS employees receive three-hour diversity training within three months of their hire date. The training assists participants to gain an understanding of differences in individual and group identity and its impact on the workforce, as well as an understanding of the work rules and laws pertaining to diversity and workforce development. The Department offers the same program to provider agency employees. Elective multi-cultural training is also offered throughout the year to both public and private agency employees.

- **Abuse and Neglect Investigation Training**

The Division of Abuse and Neglect Investigations offers a four-day investigator training program for public and private employees. Topics include Statutes, Policies and Regulations, Collecting and Securing Evidence, Interviewing, and Writing an Investigation Report.

- **HIPAA Training**

All new employees receive a basic overview of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as it relates to the confidentiality of the private health information of individuals supported by the Department.

- **Supervisory Training**

New supervisors complete a certificate program to develop basic supervisory skills. Topics include leadership, communication, motivation, teambuilding, conflict management, performance appraisal, labor/management topics, sexual harassment, and ethics. The program has been expanded to include community college course offerings on leadership and supervision and the College of Front-line Supervision, a web-based training program for supervisors included in the College of Direct Support contract. A variety of supervisory enhancement courses are also offered to new and tenured supervisors throughout the year.

- **Management Development**

DDS managers are offered a variety of management development training opportunities sponsored by the CT Department of Administrative Services or other vendors. The Department also selects new managers to participate in a state agency New Manager Orientation Program. All Department managers participate in an annual professional development event and are offered the opportunity to participate in an in-house manager's book club focused on leadership development.

- **Case Management Training**

New Case Managers and Case Management Supervisors attend New Employee Training and receive training specific to the Case Manager role and Department policies and procedures. Topics include Targeted Case Management, Eligibility, Guardianship, HCBS Waivers, Benefits and Entitlements, Individual Planning, Individual Budgets, Level of Need, including Health and Safety Risk Screening, and Quality Review. Case Managers and Supervisors also receive training on caseload specific topics such as the Voluntary Services Program, Supporting Individuals with Developmental Disabilities and Mental Health Issues, Cross-Systems Crisis Planning, and Aging and Developmental Disabilities.

- **Quality Service Review (QSR) and Improvement**

Central Office and regional staff participate in training on the Department's quality system. The training includes topics such as QSR indicators and interpretive guidelines, interview, observation and document review techniques, summarizing findings and providing feedback, and continuous quality improvement planning. Periodic information sessions are offered to private providers on the Department's waiver policies and procedures and quality review and improvement systems.

- **Computer Training**

The Department contracts to provide training as needed to employees on Microsoft Office applications. Additionally, the Department contracts to provide application development training to Enterprise Technology staff.

- **Other Training**

The Department periodically provides soft skills training for staff. Topics include: Time Management and Communications. The Department also contracts with the Connecticut Community College network and to provide training as needed to employees. Additionally, the Department communicates other learning opportunities offered by the CT Department of Administrative Services.

FY 2009 PROJECTED EDUCATIONAL SUPPORT INITIATIVES

- Expanded use of the College of Direct Support web-based curriculum for direct support and other employees in public and private sectors, and for employees hired directly by individuals and families.
- Implementation of a web-based Learning Management System to streamline scheduling, registration, tracking and reporting of training and staff development activities for DDS employees.
- Increased utilization of new technologies such as e-learning, and web- and video-conferencing to make learning opportunities accessible to a greater number of constituents while reducing travel costs.
- Enhancements to HCBS Waiver, Case Management and Quality Management curricula.
- Expansion of diversity training opportunities for public and private agency employees.
- Enhancements to consumer and family education initiatives.
- Enhancements to the safety and emergency management programs.
- Expansion of training opportunities and materials for employees hired directly by individuals and families receiving services from the Department.
- Expansion of supervisory and management development programs.
- Enhancements to employment and supported living program initiatives.
- Continued development of training partnerships with private sector agencies, colleges and universities.
- Continued support for key Department initiatives associated with CMS, Home and Community-Based Waiver (HCBS). These efforts include development and training activities

to support implementation of the Department's waiver system, quality review and improvement systems, individual planning process, and a variety of consumer and family initiatives.

- Continued partnership with other agencies, networks and community to enhance their educational support service programs.
- The Educational Support and Staff Development unit will be reorganized into five functional teams to provide enhanced service to internal and external staff, private providers, consumers and families:
 - Training and Resource Development
 - Learning Management Systems
 - Clinical Services Education
 - Project and Program Management
 - Curriculum Development